
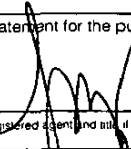
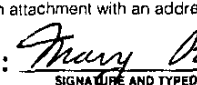


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90290 006 ****61.25

DOCUMENT # N99000003283 1. Entity Name TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.					
Principal Place of Business 3974 TAMPA ROAD B OLDSMAR, FL 34677			Mailing Address PO BOX 2157 OLDSMAR, FL 34677		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address GREENACRE PROPERTIES INC 4131 BUNN HWY City & State TAMPA FL Zip 33618			
City & State TAMPA FL		4. FEI Number 59-3657517		Applied For <input type="checkbox"/> Not Applicable	
Zip 33618		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, JACK L 3974 TAMPA ROAD B OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name STEVE MEZER ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 220 S FRANKLIN ST City TAMPA FL Zip Code 33601	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  STEVEN H. MEZER 2/26/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NIEMIS, MICHAEL PO BOX 940 OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD/S Planeta, Christopher 10016 New Parke Road Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BALCH, BRENT 9608 ROYCE DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, MARY 10022 NEW PARKE RD TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEDER, SAM 10039 NEW PARKE ROAD TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, SCOTT 10103 HAYFIELD WAY TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Mary Rodriguez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/20/05 (813)253-7780 <small>Date Daytime Phone #</small>	

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